## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

P.O. Box 12070

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIL	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 29			
3 CANDIDATE/	MS/MRS/MR FIRST	Mi	OFFICE USE ONLY			
OFFICEHOLDER NAME	Mr. Maher		1 1			
1 13 VSFI bros	NICKNAME LAST	SUFFIX	PRECEIVED			
	Maso		JAN 1 5 2008			
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #:  10902 Ormond Lane Frisco, TX 75035	CITY: STATE; ZIP CODE	City Secretary's Office			
ADDRESS	111500, 12 75055		Date Hand-delivered or Date Postmarked			
Change of Address			Hand-deliver			
			Receipt # Amount			
5 CAMPAIGN TREASURER	Ms/Mrs/Mr First Mrs. June	MI	Date Processed (-15-08			
NAME	nickname Last E Taylor	SUFFIX	Date Imaged			
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE): APT / S	UITE#; CITY; STATE;	ZIP CODE			
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	7661 Kings Ridge Road Frisco, TX 75035	one. on.	<u> </u>			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 808-3014	EXTENSION				
8 REPORT TYPE	X January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final report (Attach C/OH - FR)			
9 PERIOD	Month Day Year	Month Day	Year			
COVERED	07/12/2007	гоидн 12/31/20	07			
10 ELECTION	ELECTION DATE ELECTION	TYPE				
	05/10/2008 Prim	ary Runoff X	General Special			
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Mayor - City of Frisc	) co			
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign at Candidates are required to disclose this information.					
EXPENDITURE BY OTHER INDIVIDUALS	Name					
	Address/PO Box; Apt. / Suite #; City; State;	Zip Cade				
addilional pages						
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH

- COVER ONLE 1762					
14 C/OH NAME Maso, Maher (Mr.)  15 ACCOUNT # (Ethics Commission filers)					
16 NOTICE FROM	have been made with	tice of political expenditures by political committees to support the car out the candidate's or officeholder's knowledge or consent. Candidate by receive notice of such expenditures			
POLITICAL COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	N 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS (TEMIZED \$			95.00	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	51,752.73	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$	141.43	
	4. TOTAL I	POLITICAL EXPENDITURES	\$	42,392.45	
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE AY OF THE REPORTING PERIOD	\$	4,435.88	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$	0.00	
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Notary Public, State of Texas My Commission Expires					

AFFIX NOTARY STAMP / SEAL ABOVE

January 29, 2010

Sworn to and subscribed before me, by the said

Traker Maso.

15<sup>+17</sup> day

\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Print name of officer administering oath

Title of officer administering path

Signature of Candidate or Officeholder

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	45 D
2 FILER NAME	Maso, Maher (Mr.)	**************************************	3 ACCOUNT#	15 Report: 3/29 (Ethics Commission filers)
4 Date	5 Full name of contributor  out-of-state PAC (ID# Artiles, Jose & Mary Ann Campbell	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
10/13/2007	6 Contributor address; City; State; Zip Code 10905 Amelina Ln Frisco, TX 75035		\$250.00	 
			(If travel outside of	Texas, complete Schedule T)
9 Principal occup Retired	pation / Job title (See Instructions)	10 Employer (See In NA	structions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
12/02/2007	Contributor address; City; State; Zip Code 10905 Amelina Ln Frisco, TX 75035		\$250.00	 
			<u> </u>	Texas, complete Schedule T)
Principal occup Retired	pation / Job title (See Instructions)	Employer (See In: NA	structions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/09/2007	Contributor address; City; State; Zip Code 11936 Shoal Creek Dr. Frisco, TX 75035	• • • • • • • • • • • • • • • • • • • •	\$50.00	 
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<i>‡</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/09/2007	Contributor address; City; State; Zip Code 5384 Spicewood Frisco, TX 75034	• • • • • • • • • • • • • • • • • • • •	\$200.00	[   
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
11/09/2007	Contributor address; City; State; Zip Code 10001 Befort dr Frisco, TX 75035	• • • • • • • • • • • • • • • • • • • •	\$20.00	[ [
			(If travel outside of	Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	

P.O.Box 12070

The INSTRUCTION	NGUIDE explains how to complete this form.		1 PAGE# Schedule: 2/1	15 Report: 4/29		
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)		
4 Date	5 Full name of contributor  ut-of-state PAC (ID# Bowen, Ricardo Miguel (Hon.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
11/09/2007	6 Contributor address; City; State; Zip Code 7510 Acorn Lane Frisco, TX 75034		\$100.00	 		
			(If travel outside of	Texas, complete Schedule T)		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)			
Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable) Campaign		
11/09/2007	Contributor address; City; State; Zip Code 10630 FM3537 Frisco, TX 75034		\$37,898.32	Kick-off/Frisco		
			(If travel outside of	Texas, complete Schedule T)		
Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>			
Owner		The Brinkmann				
Date	Full name of contributor  ut-of-state PAC (ID# Brown, Michael & Bonnie	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/09/2007	Contributor address; City; State; Zip Code 8724 Prescot Cir Frisco, TX 75034		\$250.00	[ [ [		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	oation / Job title (See Instructions)	Employer (See In	structions)			
Date	Full name of contributor	<i>‡</i> )	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/09/2007	Contributor address; City; State; Zip Code 8020 Main St. Frisco, TX 75034		\$50.00	[ ] ]		
			(If travel outside of	Texas, complete Schedule T)		
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	structions)			
Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
11/15/2007	Contributor address; City; State; Zip Code 6890 Main St. #1 Frisco, TX 75034	• • • • • • • • • • • • • • • • • • • •	\$100.00	1 [ [		
			(If travel outside of	Texas, complete Schedule T)		
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	1			

#### 1-800-325-8506

SCHEDULE A

## **POLITICAL CONTRIBUTIONS** OTHER THAN PLEDGES OR LOANS

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/	15 Report: 5/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/09/2007	6 Contributor address; City; State; Zip Code 8503Fisher Frisco, TX 75034		\$100.00	! ! !
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 9425 Rolater Rd #1528 Frisco, TX 75035		\$25.00	! ! !
				(if travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2007	Contributor address; City; State; Zip Code 657 Crooked Creek Dr. Frisco, TX 75034		\$100.00	1 1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/13/2007	Contributor address; City; State; Zip Code 2500 Legacy Dr. #100 Frisco, TX 75034		\$400.00	] 
				(If travel outside of	· Texas, complete Schedule T)
	Principal occup	Leation / Job title (See Instructions)	Employer (See Ir	<u> </u>	reads, complete ochedite 17
-	Date	Full name of contributor	<i>!</i>	Amount of	In-kind contribution
	Date	Dunton, Mark & Shelley	#	contribution (\$)	description (if applicable)
	11/08/2007	Contributor address; City; State; Zip Code 1738 Montura Ln Frisco, TX 75034		\$50.00	! !
				(If travel outside of	f Texas, complete Schedule T)
	Principal occup	oation / Job title (See Instructions)	Employer (See Ir	nstructions)	

Texas Ethics Commission

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	The Instruction	N Guide explains how to complete this form.		1 PAGE # Schedule: 4/1	5 Report: 6/29	
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Farris, Barry	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	12/10/2007	6 Contributor address; City; State; Zip Code 1601 Willow Ln mckinney, TX 75070		\$50.00		
				·	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor  uut-of-state PAC (ID# Ferguson, Tom	,	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	12/26/2007	Contributor address; City; State; Zip Code 11201 Lamar Lane Frisco, TX 75034		\$250.00	   	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/28/2007	Contributor address; City; State; Zip Code 12009 Wildwood Lane Frisco, TX 75035		\$75.00	 	
				1.	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	istructions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 11013 Alexandria Dr Frisco, TX 75035		\$100.00	! ! !	
L			F		Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	isuuciions)		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 2609 Clublake Tr. McKinney, TX 75070		\$100.00	 	
L	D-1	Labelita (Carlos Instructions)	Employer (See I	1	f Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Eublohet (See II	nau ucuons)		

Texas Ethics Commission

	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 5/	15 Report: 7/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/18/2007	6 Contributor address; City; State; Zip Code 5056 Castle Creek Lane Plano, TX 75093		\$500.00	 
				(If travel outside of	Texas, complete Schedule T)
9		ation / Job title (See Instructions) n Resource Management/recruiter	10 Employer (See In KB Fults Co.	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Gonzalez, Ray & Veronica	E)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 9206 Tifton Dr. San Antonio, TX 78240		\$300.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
L					
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/24/2007	Contributor address; City; State; Zip Code 6212 Plantation Lane Frisco, TX 75035		\$50.00	 
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/26/2007	Contributor address; City; State; Zip Code 4664 Biltmoore Dr. Frisco, TX 75034		\$100.00	1 ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	estructions)	
Г	Date	Full name of contributor	<i>t</i> )	Amount of	In-kind contribution
		Gunkel, Shane & Traecy		contribution (\$)	description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 14991 Blakehill Dr Frisco, TX 75035		\$100.00	[ [ [
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	

				1 PAGE#	
	The Instruction	N GUIDE explains how to complete this form.			5 Report: 8/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
1	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Hall, Kendall (Mr.)	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/23/2007	6 Contributor address; City; State; Zip Code 1452 Hughes Rd. Suite #200		\$500.00	
		Grapevine, TX 76051		(If travel outside of	Texas, complete Schedule T)
9	Principal occup Attorney	ation / Job title (See Instructions)	10 Employer (See In: Kendall Hall, At	structions) torney at Law	
	Date	Full name of contributor	E	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/25/2007	Contributor address; City; State; Zip Code 6332 Caroline Dr. Frisco, TX 75034		\$1,000.00	1 1
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Consultant	Dation / Job title (See Instructions)	Employer (See In Dallas Mavericl		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/13/2007	Contributor address; City; State; Zip Code 3631 Potomac		\$1,000.00	
		Dallas, TX 75207		(If travel outside o	Texas, complete Schedule T)
	Principal occu Home Builde	pation / Job title (See Instructions) er	Employer (See Ir Hawkins Welw	nstructions) ood Homes	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 4 Champions Court Frisco, TX 75034		\$100.00	! ! !
					f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
F	Date	Full name of contributor	0#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 5100 Ashland Belle Ln. Frisco, TX 75035		\$50.00	)   
				(If travel outside	of Texas, complete Schedule T)
H	Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
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	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 7/1:	5 Report: 9/29	
2	FILER NAME	Maso, Maher (Mr.)			(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_ Javine, Randall & Karen	)	7 Amount of   contribution (\$)	8 In-kind contribution description (if applicable)	
	10/05/2007	6 Contributor address; City; State; Zip Code 11915 Alexandria Dr. Frisco, TX 75035		\$50.00 <mark> </mark>   		
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 11387 Old Works Dr. Frisco, TX 75035		\$50.00		
	•			(if travel outside of	Texas, complete Schedule T)	
$\vdash$	Principal occup	eation / Job title (See Instructions)	Employer (See In:	<u> </u>		
		· ·				
	Date	Full name of contributor  out-of-state PAC (ID# Johnston, N.T. & Marla	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 7907 Thistletree Ln		\$100.00		
		Frisco, TX 75034		<u> L'</u>	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 4503 Munira Dr Frisco, TX 75034		\$100.00	! 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)		
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 8370 Fair Oaks		\$40.00	<u> </u>	
		Frisco, TX 75034				
L	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	<u>. L. :</u>	Texas, complete Schedule T)	
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	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 8/*	15 Report: 10/29	
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4	Date	5 Full name of contributor	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	11/09/2007	6 Contributor address; City; State; Zip Code 2226 Idlewild Dr. Frisco, TX 75034		\$100.00	1 1 1	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	nation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 11226 Clearstream Ln Frisco, TX 75034	•••••	\$60.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	09/22/2007	Contributor address; City; State; Zip Code 5536 Southern Hills Dr. Frisco, TX 75034		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor	£)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	11/09/2007	Contributor address; City; State; Zip Code 9912 Mallory Dr. Frisco, TX 75035		\$50.00		
		7,1866, 77,7866		(if travel outside of	Texas, complete Schedule T)	
$\vdash$	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Total, complete conceded 1,	
	Date	Full name of contributor	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/24/2007	Contributor address; City; State; Zip Code 5612 Roanoke Frisco, TX 75035		\$50.00	[ ]	
				(15 tony - t d - 2 d	Town complete Settled to T	
_	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)	
	· '	•	, , ,	,		

	OTHER THAN LEDGES ON LOANS				
	The Instruction	אס Guide explains how to complete this form.		1 PAGE# Schedule: 9/	15 Report: 11/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# mcConnell, Daryl & Joni	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/09/2007	6 Contributor address; City; State; Zip Code 15741 Big Horn Trail Frisco, TX 75035		\$50.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 8659 Woodstream Dr. Frisco, TX 75034		\$400.00	
					Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u>'</u> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 5651 Gadwall Dr. Frisco, TX 75034		\$200.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/13/2007	Contributor address; City; State; Zip Code 4911 Stony Ford Dr. Dallas, TX 75287-7236		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Newman, Dru	<u>;                                    </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 12557 Legacy Dr. Frisco, TX 75034		\$100.00	! !
				(If travel outside of	Texas, complete Schedule T)
$\vdash$	Principal occur	Loation / Job title (See Instructions)	Employer (See In	<u> </u>	
	- ·	,		·	

		N Guide explains how to complete this form.		1 PAGE#	
	ine instructio	M doing exhibiting flow to complete this form.			5 Report: 12/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT# (	Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Newman, Jim		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/09/2007	6 Contributor address; City; State; Zip Code 12557 Legacy Dr. Frisco, TX 75034		\$100.00   	
					exas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code		\$50.00	
		Frisco, TX 75035		1	Texas, complete Schedule T)
			Employer (See Ir		exas, complete Scriedule 1/
	Principal occu	pation / Job title (See Instructions)	Employer (See II	istructions /	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/20/2007	Contributor address; City; State; Zip Code 1 Savannah Circle		\$100.00	
		Frisco, TX 75034		`	Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
F	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 4672 Driftwood Dr. Frisco, TX 75034		\$100.00	   
				(If travel outside of	Texas, complete Schedule T)
ŀ	Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)	
F	Date	Full name of contributor  ut-of-state PAC (II Porter, David (Mr.)	O#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	07/14/2007	Contributor address; City; State; Zip Code 5653 Widgeon Way Frisco, TX 75034	· · · · · · · · · · · · · · · · · · ·	\$100.00	! 
		F(1500), 1 \( \text{15054} \)		(If travel outside o	f Texas, complete Schedule T)
-	Principal occ	supation / Job title (See Instructions)	Employer (See	1	,

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	The Instruction	N Guide explains how to complete this form.		1 PAGE# Schedule: 11/	15 Report: 13/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Powell, Rik & Vik	)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/09/2007	6 Contributor address; City; State; Zip Code 10991 Chaves Court Frisco, TX 75034		\$100.00   	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 6032 Osage Plae Frisco, TX 75034		\$100.00	!   
				(If travel outside of	Texas, complete Schedule T)
•	Principal occup	ation / Job title (See Instructions)	Employer (See In	nstructions)	
	Date	Full name of contributor	1 )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 3149 Hampshire		\$100.00	[ [
		Frisco, TX 75034		<u> </u>	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
	Date	Full name of contributor	<del> </del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	08/06/2007	Contributor address; City, State; Zip Code 5044 Bridge Creek Dr. Plano, TX 75093		\$100.00	1
				(If travel outside o	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 9602 Enmore Ln Frisco, TX 75035		\$50.00	1
				(If travel outside o	f Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See		
L			l		Electorie Eline Version 3 3

	To RESIDENCE	5 6 5 6 6 6 1 A A A A A A A A A A A A A A A A			
	The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 12/	15 Report: 14/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#_Roemer, Greg & Vicki		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/09/2007	6 Contributor address; City; State; Zip Code 2010 California Crossing Dallas, TX 75220		\$300.00     	
					Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See Ins	structions)	
	Date	Full name of contributor		Amount of   contribution (\$)	In-kind contribution description (if applicable)
	09/26/2007	Contributor address; City; State; Zip Code 11706 Alexandria Dr. Frisco, TX 75035		\$101.50 ¦	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	structions)	
	Date	Full name of contributor  ut-of-state PAC (ID# Shipman, Keith & Tracie Shipman	,	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 10141 Calvery Ct. Frisco, TX 75035		\$50.00	! <b>!</b> !
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> 1 '</u>	
H	Date	Full name of contributor  ut-of-state PAC (ID	<i>‡</i> )	Amount of	In-kind contribution
		Sholk-Sousa, Debbie		contribution (\$)	description (if applicable)
	10/30/2007	Contributor address; City; State; Zip Code 5612 Lafayette Lane Frisco, TX 75035		\$50.00	! ! !
				(If travel outside of	Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
F	Date	Full name of contributor  ut-of-state PAC (ID	#)	Amount of	In-kind contribution
	<b></b>	Slaney, Lynn		contribution (\$)	description (if applicable)
	10/28/2007	3201 Hampshire Ct.		\$100.00	1
		Frisco, TX 75034			
-	Principal occu	upation / Job title (See Instructions)	Employer (See I	1	f Texas, complete Schedule T)
1					

#### SCHEDULE A

1-800-325-8506

	The Instruction	พ Guide explains how to com	plete this form.		1 PAGE# Schedule: 13	/15 Report: 15/29
2	FILER NAME	Maso, Maher (Mr.)			3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor Smith, Ken (Mr.)	out-of-state PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	07/13/2007	6 Contributor address; 6008 Hackberry Ct. Frisco, TX 75034	City; State; Zip Code		\$250.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	s)	10 Employer (See In:	structions)	
	Date	Full name of contributor South, Steve (Mr.)	out-of-state PAC (ID#	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/12/2007	Contributor address; 10612 Brandenberg Dr. Frisco, TX 75035	City; State; Zip Code		\$200.00	!   
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	1	
					***	
	Date	Full name of contributor Sowell, William & Bobbie	☐ out-of-state PAC (ID#	f)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	09/23/2007	Contributor address; 6101 Wilmington Dr. Frisco, TX 75035	City; State; Zip Code		\$250.00	: 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instruction	ns)	Employer (See In	structions)	
	Date	Full name of contributor Stein, Todd (Mr.)	out-of-state PAC (ID	<del>†</del> )	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; 4631 Elsby Dallas, TX 75209	City; State; Zip Code		\$250.00	 
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	nstructions)	
	Date	Full name of contributor Wallace, Sarah & William	out-of-state PAC (ID:	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; 5006 Lakeland Dr. Frisco, TX 75035	City; State; Zip Code		\$50.00	[ [
					(if travel outside of	Texas, complete Schedule T)
-	Principal occup	I pation / Job title (See Instructio	ns)	Employer (See Ir	1 '	/ Land
1						

	The Instruction	א Guide explains how to complete this form.		1 PAGE# Schedule: 14	/15 Report: 16/29
2	FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Warren, Bob & Wanda		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	11/09/2007	6 Contributor address; City; State; Zip Code 7601 Williams Ave Frisco, TX 75034		\$100.00	 
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/09/2007	Contributor address; City; State; Zip Code 10816 Star Meadow Dr. Frisco, TX 75034		\$20.00	! 
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/12/2007	Contributor address; City; State; Zip Code 3820 Touraine Dr. Frisco, TX 75034		\$1,000.00	   
				(If travel outside of	Texas, complete Schedule T)
	Principal occup Homebuilder	ation / Job title (See Instructions)	Employer (See In Hawkins Weloo	•	
	Date	Full name of contributor	<del>‡)</del>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	12/18/2007	Contributor address; City; State; Zip Code 5400 N. Dallas Parkway Frisco, TX 75034		\$2,000.00	 
				(If travel outside of	Texas, complete Schedule T)
	Principal occur	pation / Job title (See Instructions)	Employer (See Ir	structions)	
	Pa.	Rtmen	Landplan		
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	11/29/2007	Contributor address; City; State; Zip Code 8083 Stonebrook Pkwy #802 Frisco, TX 75034		\$100.00	1 
				(If travel outside o	f Texas, complete Schedule T)
-	Principal occu	I pation / Job title (See Instructions)	Employer (See Ir	<u>.l.`</u>	

## **POLITICAL CONTRIBUTIONS**

OTHER THAN PLEDGES OR LOANS					
The Instruction (	Guide explains how to complete this form.		1 PAGE# Schedule: 15/15 Report: 17/29		
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT # (Ethics Commission filers)		
	Full name of contributor	)	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable) Forms and material for		
9	6 Contributor address; City; State; Zip Code 9416 Prestmont Place Frisco, TX 75035		volunteers for meetings \$117.91 and kick-off event.		
			(If travel outside of Texas, complete Schedule T)		
<ol><li>9 Principal occupati</li></ol>	ion / Job title (See Instructions)	10 Employer (See Ins	structions)		

#### POLITICAL EXPENDITURES SCHEDULE F

POLITI	CAL EXPENDITURES			SCHEDOLL I
The Instruction	ง Guine explains how to complete this form.		1 PAGE# Schedule: 1/9 I	Report: 18/29
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT# (F	Ethics Commission filers)
4 Date	5 Payee name Constant Contact	<u> </u>		7 Amount (\$)
10/11/2007	6 Payee address; City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			\$510.00
required.)	ment (See instructions regarding type of information es - E-mail List Services	9 * Complete if direct Candidate / Officehol		it Candidate/Officeholder **
-	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name			Amount (\$)
	Constant Contact			\$35.06
10/23/2007 Payee address; City; State; Zip Code				დაა. <del>ს</del> ნ
	1601 Trapelo Road Suite #329 Waltham, MA 02451			
Purpose of payment (See instructions regarding type of information required.) ** Complete if direct expenditure to beneficially candidate / Officeholder name:			fit Candidate/Officeholder **	
	Marketing Services - E-mail List Services			
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee пате DFW Community Newspaper			Amount (\$)
10/29/2007	Payee address; City; State; Zip Code 8820 W. Main St. Frisco, TX 75034			\$614.25
Purpose of pa reguired.)	yment (See instructions regarding type of information	** Complete if direct Candidate / Officeho	ct expenditure to bene older name:	fit Candidate/Officeholder **
Political Ad. in a	Il aout Frisco			
(	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name FedEx Kinko's			Amount (\$)
11/06/2007	Payee address; City; State; Zip Code 8290 Hwy 121 Frisco, TX 75034			\$72.67
Purpose of pa required.) Campaign Logo	ayment (See instructions regarding type of information	** Complete if dire Candidate / Officeh	ct expenditure to bene older name:	efit Candidate/Officeholder **
	(If travel outside of Texas, complete Schedule T)	Office sought: Office held:		

#### Texas Ethics Commission P.O.Box 12070 Austin, Texas 78711-2070 (512)463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 2/9 Report: 19/29 (Ethics Commission filers) 2 FILER NAME Maso, Maher (Mr.) 3 ACCOUNT# Date Payee name Amount Frisco Chamber of Commerce (\$) 09/14/2007 \$30.00 6 Pavee address: City; State; Zip Code 6843 Main St. Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditure to benefit Candidate/Officeholder required.) Candidate / Officeholder name: Legislative Update Fee - Networking/Advert. Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount (\$) Frisco Sports Cent 11/06/2007 \$1,147.45 Payee address; City; State; Zip Code 8801 West Main STreet Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Candidate / Officeholder name: required.) Campaign T-shirts Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Frisco Sports Cent (\$) 12/17/2007 \$586.31 Payee address; City; State; Zip Code 8801 West Main STreet Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \* Complete if direct expenditure to benefit Candidate/Officeholder \*\* required.) Candidate / Officeholder name: Campaign T-shirts Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Pavee name Amount (\$) Fritchie, Chris (Mr.) 11/20/2007 \$100.00 City; State; Zip Code Payee address; P.O. Box 1676 Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* Candidate / Officeholder name: required.) Photography for campaign

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T)

#### Austin, Texas 78711-2070

POI	ITICAL	EXPEN	DITURES
	1 1 1 1 1 L 1 5 4 F	2 #VLB H H VS R	## # # # ## ## ## ## ## ## ## ## ## ##

#### SCHEDULE F

1-800-325-8506

	Vith hit hit with the control of the		GOTTEDOLL 1	
The Instruction	אס Guide explains how to complete this form.	1 PAGE# Schedule: 3/9	Report: 20/29	
2 FILER NAME	Maso, Maher (Mr.)	3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Payee name FSpN		7 Amount (\$)	
12/11/2007 6 Payee address; City; State; Zip Code 6207 Wilmington Dr. Frisco, TX 75035			\$900.00	
required.)	required.) Candidate / Officeholder name:			
December issue	of FSpN - political advertisement	·		
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Рауее пате		Amount	
	Inside Collin County Business		(\$)	
09/26/2007	Payee address; City; State; Zip Code		\$120.00	
	2222 W. Spring Creek Pkway #114 Plano, TX 75023			
Purpose of payment (See instructions regarding type of information		Complete if direct expenditure to bene Candidate / Officeholder name:	efit Candidate/Officeholder **	
required.) Networking, event - adv.		Candidate / Officendider name.		
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:		
Date	Payee name		Amount	
	Maso, Maher (Mr.)		(\$)	
11/27/2007	Payee address; City; State; Zip Code 10902 Ormond Lane	•••••	\$2,867.00	
	Frisco, TX 75035			
Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct expenditure to bene Candidate / Officeholder name:	efit Candidate/Officeholder	
Re-imburse for p	political expenditures from personal funds			
(	if travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name		Amount	
	Office Depot		(\$)	
10/23/2007	Payee address; City; State; Zip Code		\$55.18	
	2930 Preston Rd.			
	Suite #700 Frisco, TX 75034			
Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct expenditure to bendered Candidate / Officeholder name:	efit Candidate/Officeholder **	
1 ' '	nvitations and business cards	estados emendes nome.		
	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		

(If travel outside of Texas, complete Schedule T)

#### POLITICAL EXPENDITURES SCHEDULE F 1 PAGE# The INSTRUCTION GUIDE explains how to complete this form. Schedule: 4/9 Report: 21/29 (Ethics Commission filers) 2 FILER NAME Maso, Maher (Mr.) 3 ACCOUNT# Date Рауее пате Amount Office Depot (\$) 10/25/2007 \$55.18 6 Payee address; City; State; Zip Code 2930 Preston Rd. Suite #700 Frisco, TX 75034 Purpose of payment (See instructions regarding type of information 9 \*\* Complete if direct expenditure to benefit Candidate/Officeholder \*\* required.) Candidate / Officeholder name: kick-off party expense-business card stock Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Office Depot (\$) 10/28/2007 \$54.10 Payee address; City; State; Zip Code 2930 Preston Rd. Suite #700 Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \* Complete if direct expenditure to benefit Candidate/Officeholder \*\* required.) Candidate / Officeholder name: kick-off party expense-postcards for invitations Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Office Depot (\$) 10/29/2007 \$235.92 Payee address: City; State; Zip Code 2930 Preston Rd. Suite #700 Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \* Complete if direct expenditure to benefit Candidate/Officeholder \*\* required.) Candidate / Officeholder name: Ink and postcards for kick-Off invitations Office sought: (If travel outside of Texas, complete Schedule T) Office held: Date Payee name Amount Office Depot (\$) 11/03/2007 \$154.99 Payee address; City; State; Zip Code 2930 Preston Rd. Suite #700 Frisco, TX 75034 Purpose of payment (See instructions regarding type of information \* Complete if direct expenditure to benefit Candidate/Officeholder required.) Candidate / Officeholder name: **Business Card Stock** Office sought:

Office held:

The Instruction	אס Guide explains how to complete this form.	1 PAGE Sche	E# edule: 5/9 Report: 22/29		
2 FILER NAME	Maso, Maher (Mr.)	3 ACCC	OUNT # (Ethics Commission filers)		
4 Date	5 Payee name Paypal		7 Amount (\$)		
09/26/2007	09/26/2007 6 Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145				
required.)	required.) Candidate / Officeholder name:				
	d Processing Fee f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Paypal		Amount (\$)		
10/13/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145		\$5.00		
Purpose of par required.)	yment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:			
	d Processing Fee f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name		Amount		
	Paypal		(\$)		
10/20/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145		\$3.20		
Purpose of pa required.)	yment (See instructions regarding type of information	** Complete if direct expendit Candidate / Officeholder name	ture to benefit Candidate/Officeholder **		
· · ·	d Processing Fee				
(	If travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Paypal		Amount (\$)		
10/24/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145		\$1.75		
required.)	nyment (See instructions regarding type of information and Processing Fee	** Complete if direct expendit Candidate / Officeholder name	iture to benefit Candidate/Officeholder ** e:		
	If travel outside of Texas, complete Schedule T)	Office sought: Office held:			

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	อง Guide explains how to complete this form.		1 PAGE# Schedule: 6/9	Report: 23/29
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Payee name Paypal			7 Amount (\$)
10/25/2007	6 Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			\$29.30
required.)	ment (See instructions regarding type of information	9 * Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
	d Processing Fee f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Paypal			Amount (\$)
10/26/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			\$3.20
Purpose of payment (See instructions regarding type of information required.)  Bank Credit Card Processing Fee		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Paypal			Amount (\$)
10/28/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			\$2.48
required.)	ment (See instructions regarding type of information	Complete if direc	t expenditure to bene der name:	fit Candidate/Officeholder **
Bank Credit Card Processing Fee  (If travel outside of Texas, complete Schedule T)		Office sought: Office held:		
Date	Payee name Paypal			Amount (\$)
10/28/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			\$3.20
required.)	ment (See instructions regarding type of information d Processing Fee	** Complete if direc Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
(I	f travel outside of Texas. complete Schedule T)	Office sought:		

The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 7/9 Report: 24/29		
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Payee name Paypal		., ., ., ., ., ., ., ., ., ., ., ., ., .	7 Amount (\$)	
10/30/2007 6 Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			\$1.75		
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to beneficiated.) Candidate / Officeholder name:				fit Candidate/Officeholder ••	
(11	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Paypal			Amount (\$)	
11/15/2007	Payee address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			\$3.20	
Purpose of payment (See instructions regarding type of information required.)  Bank Credit Card Processing Fee		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:			
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:			
Date	Payee name Premium Fullfillment Center Inc.	**************************************		Amount (\$)	
11/11/2007  Payee address; City; State; Zip Code  2810 East Trinity Mills Road #209-325 Carrollton, TX 75006				\$454.65	
required.)	ment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		fit Candidate/Officeholder **	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name Sam's Club			Amount (\$)	
11/05/2007	Payee address; City; State; Zip Code 8621 Ohio Dr. Plano, TX 75024			\$164.82	
Purpose of payment (See instructions regarding type of information required.)  Chocolates & Supplies for campaign kick-off			t expenditure to bene der name:	fit Candidate/Officeholder **	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			

The Instruction	N GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/9	Report: 25/29	
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Payee name The Abbey Grill	•		7 Amount (\$)	
10/30/2007	10/30/2007 6 Payee address; City, State; Zip Code 718 Main Street Frisco, TX 75034				
required.)					
	g-refreshments and snacks f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name The Abbey Grill			Amount (\$)	
11/04/2007 Payee address; City; State; Zip Code 718 Main Street Frisco, TX 75034			\$354.12		
Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to bene Candidate / Officeholder name:				fit Candidate/Officeholder **	
	Volunteer Meeting-refreshments and snacks  Office sought:				
(1	f travel outside of Texas, complete Schedule T)	Office held:			
Date	Payee name U.S. Postal Service-CPU			Amount (\$)	
10/29/2007	Payee address; City; State; Zip Code 6101 Frisco Blvd Frisco, TX 75034			\$260.00	
required.)	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		fit Candidate/Officeholder **	
Kick-off event Ex	rpense-stamps  f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name	Omes refe.		Amount	
. ∪ate	U.S. Postal Service-CPU			(\$)	
10/30/2007	Payee address; City; State; Zip Code 6101 Frisco Blvd Frisco, TX 75034			\$26.00	
Purpose of pa required.) Kick-off event E	yment (See instructions regarding type of information	* * Complete if direc Candidate / Officeho		efit Candidate/Officeholder **	
	If travel outside of Texas, complete Schedule T)	Office sought: Office held:			

The Instruction Guide explains how to complete this form.			1 PAGE# Schedule: 9/9 Report: 26/29		
2 FILER NAME	Maso, Maher (Mr.)		3 ACCOUNT#	(Ethics Commission filers)	
4 Date	5 Payee name Wolf Camera			7 Amount (\$)	
11/06/2007	6 Payee address; City; State; Zip Code 3311 Preston Rd. #13 Frisco, TX 75034			\$31.34	
Purpose of pay required.)  Picture processing	ment (See instructions regarding type of information	9 ** Complete if direc Candidate / Officeho	t expenditure to bene Ider name:	efit Candidate/Officeholder **	
·	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		www.	
Date	Payee name Wolf Camera			Amount (\$)	
12/06/2007	Payee address; City; State; Zip Code 3311 Preston Rd. #13 Frisco, TX 75034			\$48.60	
required.)	yment (See instructions regarding type of information	Complete if direct Candidate / Officeho		efit Candidate/Officeholder **	
Video Copy Serv	rices f travel outside of Texas, complete Schedule T)	Office sought: Office held:			

## SCHEDULE G

## **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

The Instruction	N Guide explains how to complete this form.	1 PAGE# Schedule: 1/2	Repoi	rt: 27/29
2 FILER NAME	Maso, Maher (Mr.)	3 ACCOUNT#	(Ethics	Commission filers)
4 Date	5 Payee name Chavez, Olga		8	Amount (\$)
11/09/2007	6 Payee address; City; State; Zip Code 7200 Stonebrook Parkway Frisco, TX 75034			\$250.00
	7 Purpose of expenditure (See instructions regarding type of information req Off-Duty Police Officer for traffic control at kick-off event	uired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)			
Date	Payee name Frisco Chamber of Commerce			Amount (\$)
09/13/2007	Payee address; City; State; Zip Code 6843 Main St. Frisco, TX 75034			\$1,225.00
	Purpose of expenditure (See instructions regarding type of information rec Relocation Guide Advertising	uired.)	X	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		<u> </u>	
Date	Payee name Godaddy			Amount (\$)
07/13/2007	Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260			\$50.94
	Purpose of expenditure (See instructions regarding type of information red Domain name registreation for web site.  (If travel outside of Texas, complete Schedule T)	quired.)	⊠	Reimbursement from political contributions intended
Date	Payee name			Amount
	Godaddy			(\$)
09/25/2007	Payee address; City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260			\$36.74
	Purpose of expenditure (See instructions regarding type of information re- Domain name registreation for web site.	quired.)		Reimbursement from political contributions intended
-	(If travel outside of Texas, complete Schedule T)		<u> </u>	
Date	Payee name Modley, Chuck			Amount (\$)
11/09/2007	Payee address; City; State; Zip Code 7200 Stonebrook Parkway Frisco, TX 75034			\$250.00
	Purpose of expenditure (See instructions regarding type of information re Off-Duty police officer for traffic control at kick-off event	quired.)	区	Reimbursement from political contributions intended
	(If travel outside of Texas, complete Schedule T)		<u> </u>	Electroric Filing Version 3.3

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

1-800-325-8506

The Instruction Guide explains how to complete this form.  1 PAGE # Schedule: 2/2		Repo	rt: 28/29
Maso, Maher (Mr.)	3 ACCOUNT#	(Ethic	s Commission filers)
5 Рауее пате Network Cybernetics Corp.		8	Amount (\$)
6 Payee address; City, State; Zip Code 3720 Canton St. #202 Dallas, TX 75226			\$150.00
Internet/Web services	quired.)		Reimbursement from political contributions intended
		<u> </u>	Amount
Payee name Signs Now #391			(\$)
Payee address; City; State; Zip Code 6803 Preston Rd. #147 Frisco, TX 75034			\$1,054.32
Signs for campaign & campaign kick-off event	quired.)		Reimbursement from political contributions intended
(If travel outside of Texas, complete Schedule T)		1	
Payee name The Design Studio			Amount (\$)
1/09/2007 Payee address; City; State; Zip Code 2016 Lucas Dallas, TX 75219			\$29,993.50
Purpose of expenditure (See instructions regarding type of information required.)  Kick-off event design, lighting, decor, hardware, power, flowers, setup, consulting & Misc.  (If travel outside of Texas, complete Schedule T)			Reimbursement from political contributions intended
	Maso, Maher (Mr.)  5  Payee name Network Cybernetics Corp.  6  Payee address; City, State; Zip Code 3720 Canton St. #202 Dallas, TX 75226  7  Purpose of expenditure (See instructions regarding type of information rel Internet/Web services (If travel outside of Texas, complete Schedule T)  Payee name Signs Now #391  Payee address; City; State; Zip Code 6803 Preston Rd. #147 Frisco, TX 75034  Purpose of expenditure (See instructions regarding type of information re Signs for campaign & campaign kick-off event (If travel outside of Texas, complete Schedule T)  Payee name The Design Studio  Payee address; City; State; Zip Code 2016 Lucas Dallas, TX 75219  Purpose of expenditure (See instructions regarding type of information re Kick-off event design, lighting, decor, hardware, power, flowers,	Maso, Maher (Mr.)  5 Payee name Network Cybernetics Corp.  6 Payee address; City, State; Zip Code 3720 Canton St. #202 Dallas, TX 75226  7 Purpose of expenditure (See instructions regarding type of information required.) Internet/Web services (If travel outside of Texas, complete Schedule T)  Payee name Signs Now #391  Payee address; City; State; Zip Code 6803 Preston Rd. #147 Frisco, TX 75034  Purpose of expenditure (See instructions regarding type of information required.) Signs for campaign & campaign kick-off event (If travel outside of Texas, complete Schedule T)  Payee name The Design Studio  Payee address; City; State; Zip Code 2016 Lucas Dallas, TX 75219  Purpose of expenditure (See instructions regarding type of information required.) Kick-off event design, lighting, decor, hardware, power, flowers, setup, consulting & Misc.	Maso, Maher (Mr.)  Schedule: 2/2 Repo  Maso, Maher (Mr.)  5 Payee name Network Cybernetics Corp.  6 Payee address; City, State; Zip Code 37/20 Canton St. #202 Dallas, TX 75226  7 Purpose of expenditure (See instructions regarding type of information required.) Internet/Web services (If travel outside of Texas, complete Schedule T)  Payee name Signs Now #391  Payee address; City: State; Zip Code 6803 Preston Rd. #147 Frisco, TX 75034  Purpose of expenditure (See instructions regarding type of information required.) Signs for campaign & campaign kick-off event (If travel outside of Texas, complete Schedule T)  Payee name The Design Studio  Payee address; City: State; Zip Code 2016 Lucas Dallas, TX 75219  Purpose of expenditure (See instructions regarding type of information required.) Kick-off event design, lighting, decor, hardware, power, flowers, setup, consulting & Misc.

**CREDITS** (optional)

## SCHEDULE K

The Instruction Guide explains how to complete this form.		1 PAGE# Schedule: 1/1	Report: 29/29
2 FILER NAME	Maso, Maher (Mr.)	3 ACCOUNT#	(Ethics Commission filers)
4 Date	5 Payor name Bank of America		8 Amount (\$)
12/31/2007	6 Payor address; City; State; Zip Code 5019 Preston Road Frisco, TX 75034		\$0.19
	7 Reason for credit Account Interest through end-of-year		
Date	Payor name Paypal		Amount (\$)
12/31/2007	Payor address; City; State; Zip Code P.O. Box 45950 Omaha, NE 68145		\$1.95
	Reason for credit Paypal Account Bonus/Interest		•